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3 **Title:** Oppose the Criminalization of Self-Managed Abortion
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5 **Introduced by:** Halley Crissman, MD, for the Michigan Section of the American College of
6 Obstetricians and Gynecologists
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8 **Original Author:** Halley Crissman, MD
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10 **Referred To:** Reference Committee A
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12 **House Action:** **APPROVED AS AMENDED**
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15 Whereas, throughout the United States, pregnant people have been prosecuted for a
16 variety of actions during pregnancy that allegedly caused harm or risk of harm to fetuses they were
17 carrying, and
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19 Whereas, self-managed abortion is common; for example a representative survey of Texas
20 women aged 18-49 years estimated that 1.7 percent - or approximately 100,000 women in that
21 state - had attempted to self-manage an abortion at some point in their lives, and
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23 Whereas, reasons why people attempt to self-manage an abortion are varied and include
24 barriers to accessing clinic-based care, including cost, distance to the facility, and lack of
25 knowledge of where and how to access care, as well as a preference for self-care, and
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27 Whereas, due to the growing restrictions on abortion access and the closure of facilities
28 providing this service, self-managed abortion attempts may become more common, and
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30 Whereas, the American College of Obstetricians and Gynecologists (ACOG) opposes the
31 prosecution of pregnant people for conduct alleged to have harmed their fetus, including the
32 criminalization of self-managed abortion, and
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34 Whereas, ACOG also opposes administrative policies that interfere with the legal and ethical
35 requirement to protect private medical information by mandating obstetrician gynecologists and
36 other clinicians to report to law enforcement if they suspect a person has attempted self-managed
37 abortion. Such actions compromise the integrity of the patient-physician relationship, and
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39 Whereas, the AMA opposes the criminalization of self-managed abortion and opposes
40 efforts to enforce criminal and civil penalties or other retaliatory efforts against these patients or
41 health care providers, and
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43 Whereas, the criminalization of self-managed abortion increases patients' medical risks and
44 deters patients from seeking medically necessary services; therefore be it
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46 RESOLVED: That MSMS adopts AMA policy H-5.980, "Oppose the Criminalization of Self-
47 Managed Abortion."
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Relevant MSMS Policy

Oppose Criminalization of Physicians and Patients for Evidence Based Standard of Medical Care

MSMS opposes the criminalization of a procedure and prosecution of physicians for delivering evidence-based standard of medical care, as well as for refusing to engage in care that is neither safe nor evidence based.

Physician-Patient Relationship and Health Care Decisions

MSMS believes: 1) the physician-patient relationship is deeply personal and must be respected and protected at all costs; 2) physicians and their patients should be free to consider, discuss, and pursue medical procedures guided by a physician's best medical judgment and a patient's physical health and safety; and 3) as a Society, MSMS has always been and continues to be opposed to the potential criminalization of physicians and their patients in making health care decisions.

Substance Use During Pregnancy

MSMS encourages routine drug screening of pregnant women. MSMS opposes 1) making the use of controlled substances during pregnancy a felony; and 2) the removal of a child from its mother during the hospital stay solely due to evidence from a single positive drug test without an evaluation from a social worker.

Relevant AMA Policy

Oppose the Criminalization of Self-Managed Abortion H-5.980

Our AMA: (1) opposes the criminalization of self-managed abortion and the criminalization of patients who access abortions as it increases patients' medical risks and deters patients from seeking medically necessary services; and (2) will advocate against any legislative efforts to criminalize self-managed abortion and the criminalization of patients who access abortions; and (3) will oppose efforts to enforce criminal and civil penalties or other retaliatory efforts against these patients and requirements that physicians function as agents of law enforcement - gathering evidence for prosecution rather than as a provider of treatment.

Preserving Access to Reproductive Health Services D-5.999

Our AMA: (1) recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right; (2) opposes limitations on access to evidence-based reproductive health services, including fertility treatments, contraception, and abortion; (3) will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access to reproductive health services, including fertility treatments, fertility preservation, contraception, and abortion; (4) supports shared decision-making between patients and their physicians regarding reproductive healthcare; (5) opposes any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by healthcare professionals with their patients; (6) opposes the imposition of criminal and civil penalties or other retaliatory efforts, including adverse medical licensing actions and the termination of medical liability coverage or clinical privileges against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services; (7) will advocate for legal protections for patients who cross state lines to receive

reproductive health services, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services; and (8) will advocate for legal protections for medical students and physicians who cross state lines to receive education in or deliver reproductive health services, including contraception and abortion.

Sources:

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2. Texas Policy Evaluation Project. Texas women's experiences attempting in self-induced abortion in the face of dwindling options. Austin (TX): TxPEP; 2015. Available at http://liberalarts.utexas.edu/txpep/_files/pdf/TxPEP-Research-Brief-WomensExperiences.pdf. Retrieved December 1, 2017.
3. Grossman D, Holt K, Peña M, Lara D, Veatch M, Córdova D, et al. Self-induction of abortion among women in the United States. *Reprod Health Matters* 2010;18:136-46.
4. Decriminalization of Self-Induced Abortion. ACOG Policy Statement. <https://www.acog.org/clinical-information/policy-and-position-statements/position-statements/2017/decriminalization-of-self-induced-abortion>, Retrieved January 19, 2024.